

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44691** (6)

1. Corporation Name

THE GREATER HOMESTEAD/FLORIDA CITY CHAMBER OF COMMERCE CHARITABLE TRUST, INC.



Principal Place of Business	Mailing Address
43 N. KROME AVE 2ND FLOOR HOMESTEAD FL 33030 US	43 N. KROME AVE 2ND FLOOR HOMESTEAD FL 33030 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	08/15/1991	04/04/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0339130	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	28	<input type="checkbox"/> Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SOVIA, KIM
43 N. KROME, 2ND FLOOR
HOMESTEAD FL 33030**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
FL	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President/CEO
NAME	REES, EVAN	1.2 NAME	Kim Sovia
STREET ADDRESS	701 BRICKELL AVENUE 4TH FLOOR	1.3 STREET ADDRESS	43 N. Krome Avenue
CITY-ST-ZIP	MIAMI FL 33131	1.4 CITY-ST-ZIP	Homestead, FL 33030
TITLE	PD	2.1 TITLE	Steve Shiver
NAME	PHILLIPS, ROY	2.2 NAME	Steve Shiver
STREET ADDRESS	500 COLLEGE TERRACE	2.3 STREET ADDRESS	10 NE 35 Street
CITY-ST-ZIP	HOMESTEAD FL 33030	2.4 CITY-ST-ZIP	Florida City FL 33034
TITLE	TD	3.1 TITLE	David Peyton
NAME	HUARD, MARK	3.2 NAME	David Peyton
STREET ADDRESS	850 N. HOMESTEAD BLVD	3.3 STREET ADDRESS	1550N Krome Avenue
CITY-ST-ZIP	HOMESTEAD FL 33030	3.4 CITY-ST-ZIP	Homestead, FL 33030
TITLE	VPD	4.1 TITLE	Director
NAME	BOULANGER, ALBERT	4.2 NAME	Jane Memillan
STREET ADDRESS	180 NE 13ST STREET	4.3 STREET ADDRESS	201 S. Biscayne Blvd
CITY-ST-ZIP	HOMESTEAD FL 33030	4.4 CITY-ST-ZIP	Miami, FL 33130
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ SIGNATURE _____

CP2E037 (4/97)